

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							101562959	12-30-05					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					51						
2			1				52						
3				1			53						
4					1		54						
5						1	55						
6							56						
7							57						
8							58						
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13							63						
14							64						
15							65						
16							66						
17		1					67						
18			1				68						
19				1			69						
20					1		70						
21						1	71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	2	↓	↓	TOTAL IND.			↓			
TOTAL DEP.			←	21	←	←	TOTAL DEP.			↓		↓	
TOTAL CLAIMS			23				TOTAL CLAIMS			←		←	